The City of Harrisonburg Department of Public Transportation (HDPT) provides fixed-route bus service in the City of Harrisonburg. HDPT fixed route buses have features to make riding easier, including wheelchair lifts, kneeling features, low floor buses and voice announcements of stops. The DOT ADA regulations require public entities operating fixed route transit to provide complementary paratransit to persons with disabilities who are unable to use the regular fixed route system. HDPT Paratransit provides shared ride public transportation which is curb-to-curb service. Assistance from the vehicle to the first doorway or from the doorway to the vehicle, for customers who need additional assistance to complete the trip is available.

ADA Paratransit Eligibility Standards:

- Any person with a disability who is unable to board, ride or disembark from an accessible vehicle without the assistance of another person (except for the operator of a lift or other boarding device)
- Any person with a disability who could ride an accessible vehicle but the route is not accessible or the lift does not meet ADA standards
- Any person with a disability who has a specific impairment related condition that prevents the person from traveling to or from a boarding/disembarking location

HDPT paratransit riders are required to complete an ADA Paratransit Eligibility Application Form. After reviewing the above information, if you feel your disability may fit into one of the above categories, please complete the entire application so we may understand your needs. The eligibility process in use is a self-certification process with optional professional verification. If professional verification is required, the appropriate form will be mailed to the person identified by the applicant. Once all forms have been received at this office, you may expect a determination by letter within 21 days.

Any person who disagrees with the final determination of ineligibility may appeal the decision.

**HDPT Policy**

All mobility devices will be properly secured to the vehicle using the installed securement system (4 point tie down). HDPT operators (drivers) will decline transport to a passenger that refuses to have their mobility device properly secured as defined in HDPT policy 6.4 and 49 CFR 37.165 (c) (2) (3). Passengers using a mobility device will be requested to wear a seat belt and must be properly restrained using the vehicle restraint system. Those able to do so will be requested to move to a seat and use the vehicle seat belt system.

**All applications should be returned in person or by mail to:**

Harrisonburg Department of Public Transportation
475 E. Washington Street
Harrisonburg, Virginia 22802

Remember to answer each question - For assistance call 432-0492
Application for ADA Paratransit Certification - Part A

Name of Applicant  
Street Address  
City ST ZIP Code  
Home Phone  
Work Phone  
Cell Phone  
Date of Birth  
E-Mail Address

Part B

1. What is the disability that prevents you from using HDPT fixed route service?  
   
   (use the back if more room is needed)

2. How does this disability prevent you from using fixed route bus service?  

3. Please explain aspects of your disability that you believe HDPT should know about.  

4. Is your condition temporary? O Yes O No  
   If “yes”, on what date will your disability no longer prevent you from using HDPT bus routes?  
   Month  Year

5. Do you use any of these mobility aids? Check all that apply:  
   - Manual Wheelchair  - Power Wheelchair  
   - Cane(s)  - Crutches  
   - Walker  - Service Animal  
   - Power Scooter (3 or 4 wheels)  - Other

6. Can you climb three 12-inch steps without assistance?  
   Yes __________  No __________  Sometimes ____________  
   If “No” or “Sometimes”, please explain.

7. What is the farthest distance you can travel without the help of another person?  
   - I CANNOT get to the curb outside where I live  
   - I CAN get to the curb outside where I live  
   - 3 blocks (1/4 mile)  - 6 blocks (1/2 mile)  - 9 blocks (3/4 mile)
8. Is your mobility affected by the terrain? Do steep hills, lack of sidewalks, or other local conditions affect your mobility? Please explain:

9. How long can you stand and wait at a bus stop? ________________ Please explain.

10. Is your ability to travel outdoors severely affected by weather such as:
    - Snow and ice: O Yes O No
    - Extremely hot temperature: O Yes O No
    - Extremely cold temperature: O Yes O No
    - Other weather condition: O Yes O No

    Please explain “yes” answers.

11. Do you use a personal care attendant (PCA) when you travel?
    Yes __________ No __________ Sometimes ___________

    Please explain when you need a PCA.

    Is the PCA paid for these services? Yes__________ No_____________
Authorization for Release of Personal Information

THE FOLLOWING MUST BE PROVIDED BEFORE YOUR REQUEST CAN BE PROCESSED.

<table>
<thead>
<tr>
<th>Applicant’s Name</th>
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<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City ST ZIP Code</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td>_____/<em><strong><strong><strong>/</strong></strong></strong></em></td>
</tr>
</tbody>
</table>

The following is familiar with my disability and is hereby authorized to provide personal information which may be required to complete my Request for Certification of ADA Paratransit Eligibility.

Rehabilitation / Independent Living Professional ______
Health Care Professional ________
Physician ________

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</tbody>
</table>

Applicant’s Signature

_______________________________________

Date _____/_______/_______